

# THE MISSISSIPPI TRAUMA CARE SYSTEM REGULATIONS

Mississippi State Department of Health

Emergency Medical Services

P.O. Box 1700

Jackson, Mississippi 39215-1700

**The following changes to the Mississippi Trauma Care Regulations were adopted at the July 9, 2003 State Board of Health Meeting.**

**Changes are identified in bold and underline or strikethrough**

July 2003

## **XV. State Designation of Trauma Centers**

### **15.1 Trauma Center Application Process**

All/any Mississippi licensed hospitals with a functioning emergency room may apply for trauma center designation. The applicant hospital does not have to be within an active trauma care region to obtain designation; however, the department may prioritize the designation process for hospitals located within and participating as a member of a designated trauma care region.

**Note: State funding for indigent trauma care is available only to designated trauma center hospitals which are actively participating in a designated trauma care region.**

To receive state designation as a Trauma Center, any applicant hospital and its medical staff shall set forth such intention in a letter to the department accompanied by two completed copies of the department's "Application for Trauma Center Designation".

Within 30 days of receipt of the application, the Department shall provide written notification to the applicant hospital of the following:

- (1) that the application has been received by the Department;
- (2) whether the Department accepts or rejects the application;
- (3) if accepted, the date scheduled for hospital inspection;
- (4) if rejected, the reasons for rejection and a deadline for submission of the corrected "Application for Trauma Center Designation" to the Department.

### **15.2 Trauma Center Inspection Process**

The Department shall provide for the inspection of the applicant hospital, provided that its application has been formally approved by the Department, on the date scheduled and indicated in the Department's acceptance letter to the applicant hospital, unless:

- (1) the Department provides written notification with justification of change to the applicant hospital 14 days prior to the inspection date; or
- (2) the applicant hospital provides written request with justification for a change to the Department 30 days prior to the inspection date;

**An applicant hospital may request an initial “Consultative Review” of its facilities. Such a review is used to assist the applicant hospital in preparation for a Trauma Center inspection.**

**Results of Trauma Center Consultative Reviews will be provided by the Department in writing to each applicant hospital. These results will be held in confidence by the Department. The Department will work with and provide assistance to the applicant hospital to correct any deficiencies noted during the Consultative Review.**

**If an applicant hospital requests a Trauma Center inspection without having first received a Consultative Review and said hospital fails to meet designation criteria the inspection shall be deemed a Consultative Review.**

**A Consultative Review, regardless of outcome, confers no designation status upon said applicant hospital.**

**A hospital, having completed a Consultative review, may apply for a Trauma Center inspection at any time after receiving the Report of Survey from the Consultative Review.**

Results of Trauma Center inspections will be provided by the Department in writing to each applicant hospital. ~~These results shall be held in confidence by the applicant hospital until the Department provides written permission to the applicant hospital to release the results of the Trauma Center inspection to the applicant hospital.~~ Details related to hospital's failing to receive designation **inspection** will be considered confidential and will not be released.

~~The Department shall provide each applicant hospital which fails a Trauma Center designation inspection the option to accept Trauma Center designation at~~

~~a subsequent level (example: fails L II but passes L III) if so noted by the inspection team in the results of the inspection. In the event that a Level IV applicant hospital fails a Trauma Center designation inspection, the applicant hospital will be given up to six months to correct major deficiencies and re-submit their application. The applicant hospital will then be re-inspected for Level IV Trauma Center designation.~~

**Each applicant hospital, which fails to meet the requirements for Complete Designation as a Trauma Center, shall submit to the Department a “Plan of Correction” within thirty (30) days. The Plan shall address each of the deficiencies noted by the inspection team and outline a corrective process and timeline for completion. Upon acceptance by the Department of the “Plan of Correction” and concurrence by the inspection team, the hospital shall receive “Provisional Designation” as a Trauma Center. “Provisional Designation” qualifies the hospital to participate in all aspects of the State and Regional trauma systems with the exception of allocated funds. Hospitals and participating Physician, except as described below, “Provisionally Designated” will receive 50% of their normally allocated funds until such time as they become Completely Designated.**

**Upon receipt of notice of “Provisional Designation” the hospital will have not more than fifteen (15) months to complete and fully implement the “Plan of Correction.” During this period of time the Department will work with and provide assistance to the hospital in the implementation of their “Plan of Correction”**

**The hospital is responsible for contacting the Department to request a “Focused Survey” at any time prior to the end of fifteen (15) months by the Department. Upon such a request the Department shall assemble a survey team to review the hospitals’ “Plan of Correction” for complete implementation. If the Focused Survey team deems the “Plan of**

Correction” fully implemented the hospital will receive complete trauma Center designation. Failure to pass the “Focused Survey” does not extent the original fifteen (15) month time period.

Failure to fully complete and implement the “Plan of Correction” within the fifteen (15) month period shall result in the automatic lapse of the “Provisional Designation” and the hospital will automatically return to its’ original non-designated status. If the “Provisional Designation” status lapses the hospital shall not be eligible for any allocated trauma funds.

Those hospitals not demonstrating complete implementation of their plan of correction during the focused survey, for the sole reason that they have not met the specialty physician requirements, due to the loss of one or more specialty physicians, will receive a continuing “Provisional Designation.”

The facility must report to DEMS any loss of 24-hour specialty physician coverage that is required within the Trauma Care Regulations. The facility must provide a plan of corrections that details how the facility will become compliant.

If the sole reason a facility receives “Provisional” status is due to the lack of specialty physician coverage, the facility will continue to receive 100% of the trauma funds allotted for uncompensated patients. The hospital must submit to the DEMS evidence of recruiting efforts. Such evidence must be determined appropriate by the Mississippi Trauma Advisory Committee (MTAC). This “Provisional Designation” may continue for a period not to exceed three (3) years.

**In the event a hospital is unable to fulfill their physician requirement at the end of three (3) cycles, the hospital will have its' Trauma Center Level status reduced to the next lowest, most appropriate, level.**

No inspection or designation process provided by any other agency, organization or group maybe substituted in lieu of the Department's.

### **15.3 Trauma Center Inspection Teams**

The Department shall provide multidisciplinary teams for all Trauma Center inspections.

Trauma Center Inspection Teams shall consist of disciplines as follows:

(1) Level I and II Trauma Centers

As a minimum, teams shall consist of the following representative disciplines: trauma surgeon, emergency physician, a person knowledgeable in trauma center administration, and trauma nurse (The Department may add additional team members as it deems necessary.) All members of teams for Levels I and II shall reside and practice outside the State of Mississippi.

(2) Level III Trauma Centers

As a minimum, teams shall consist of the following representative disciplines: trauma surgeon; emergency physician; and trauma nurse. One member of each team for Level III must reside and practice out of the state of Mississippi. The remaining two members may reside and practice in Mississippi, however, they may not practice or reside in any hospital or area of the trauma care region in which the applicant hospital

is located.

(3) Level IV Trauma Centers

As a minimum, teams shall consist of the following representative disciplines: emergency physician and trauma nurse. Team members may reside and practice in Mississippi, however, they may not practice or reside in any hospital or area of the trauma care region in which the applicant hospital is located.

#### 15.4 Length of Trauma Center Designation

The department shall ~~initially~~ designate Trauma Centers for a period not to exceed **three (3)** ~~two~~ years. ~~from the official date of designation. Subsequent permanent~~ **Complete** designations shall remain active for three years provided ~~that the designated trauma center hospital annually provides written assurance to the department that no substantive changes or variances have occurred and that the designated Trauma Center continues to comply with all rules and regulations of the Department after receipt of the Trauma Center designation by the department.~~ **The Department may perform periodic trauma center audit/reviews at each designated Trauma Center.**

Designated Trauma Centers may request designation by the Department at a level higher or lower than its current designation prior to the expiration date of that designated Trauma Center by following the processes outlined in 15.1 and subsequent sections. ~~Designated Trauma Centers that request such designations shall pay all cost associated with the request.~~

#### 15.5 Trauma Center Designation Renewals (redesignation)

Designated Trauma Centers shall provide written notification to the Department

regarding redesignation (6 months prior to the designation expiration date) of its intent to seek or not seek redesignation or designation at a level different from its original designation level. The Department will acknowledge receipt of such notification in writing within 30 days to the applicant hospital and begin the application process as provided in 15.1 and subsequent sections.

## **15.6 Process of Appeal for Failing Trauma Center Inspection**

If a hospital fails a trauma center inspection, the hospital shall have 30 days from the date of notification of the failure to appeal the decision in writing to the Department. The Department shall make a determination within three months of receipt of the appeal. The Department will provide the hospital with a written report of its decision. If the decision of the Department is unfavorable to the hospital, the hospital may request to be inspected for trauma center designation at another level but must pay all cost associated with the request.

## **15.7 Categories of Trauma Center Designation**

- (1) Complete Designation - The hospital has completed all of the requirements for designation at their application level. This is a three (3) year designation subject to periodic compliance audits.
- (2) Provisional Designation - The hospital has completed all of the requirements for Complete Designation at their application level with the exception of minor (no patient or Regional operations impact) deviation(s). This designation category may be used for initial designations or an interim change in status from Complete Designation due to a temporary loss of a capacity or capability.

Any hospital receiving written notification of Provisional Designation must immediately notify the Trauma Care Region and submit to the Department



within ~~ten (10)~~ **thirty (30)** working days from the receipt of notification a written plan of correction and an interim operations plan including time lines. The Department, upon receipt, shall either approve or disapprove the plan within ~~ten (10)~~ **thirty (30)** working days. ~~Upon correction of the deficiency(s) the Department shall perform a focused audit of the hospital to assure completion of the plan and compliance with regulations. Upon completion of the focused audit the Department may reinstate the hospital to Complete Designation status.~~ **Upon receipt of notice of “Provisional Designation” the hospital will have not more than fifteen (15) months to complete and fully implement the “Plan of Correction.” The hospital is responsible for contacting the Department to request a “Focused Survey” at any time prior to the end of fifteen (15) months by the Department. Upon such a request the Department shall assemble a survey team to review the hospitals’ “Plan of Correction” for complete implementation. If the Focused Survey team deems the “Plan of Correction” fully implemented the hospital will receive complete trauma Center designation.**

- (3) Suspended Designation - The hospital has completed the requirements for Complete Designation at their application level. However, upon receipt of information and verification by the Department of regulation violations and a determination by the Department that it is in the best interest of patient care or Regional operations, the Department may temporarily suspend the Trauma Center Designation for said hospital.

Any hospital receiving notice of Suspension of their Trauma Center Designation, shall, immediately notify the Trauma Care Region and all prehospital providers who routinely transport trauma patients to said hospital of the suspension of their Trauma Center designation. Any hospital receiving notice of suspension of their Trauma Center Designation shall no longer be permitted to act as nor be permitted to hold

themselves out as a Designated Trauma Center.

Further, the hospital shall, within ten (10) working days of notification of said suspension submit a written plan of correction, including correction time lines to the Department. Upon receipt of said plan the Department shall either approve or disapprove the plan within ten (10) working days.

Upon completion of the Plan of Correction, the hospital shall notify the Department and request a verification visit. The Department shall conduct a focused survey of the hospital to verify completion of the Plan of Correction and compliance with regulations. The Department may, subsequently, reinstate the hospital to its original Trauma Center status.

- (4) Non-Designated Trauma Centers - Any hospital that has not completed the Trauma Center Application Process or who has had their Trauma Center Designation revoked by the Department will be considered a Non-Designated Trauma Center. Such facilities shall not advertise nor hold themselves out to the public as a Designated Trauma Center.

Hospitals who have been designated as Trauma Centers may have their designation status revoked for any of the following reasons:

- By the State Health Officer for reasons of serious threat or jeopardy to patients health or welfare;
- Refusal to satisfactorily complete the reinstatement process, described above, for hospitals having had their Trauma Center Designation Suspended.

Hospitals having their Trauma Center Designation status revoked may reapply for trauma center designation after resolution of all issues related

to the revocation and completion of a complete new trauma center designation process.